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### **Fax Cover Sheet**

**DATE:** 06 June 2005

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**TO:** Examiner Brian Healy  
USPTO

**PHONE:**

**FAX:** 703.872.9306

**FROM:** Robert A. Parsons

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**PHONE:** 602.252.7494

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**RE:** Patent Application, Serial Number 10/769,967; Office Action Response

**Number of pages including cover sheet: 7**

**Confirmation Copy to follow? X No \_\_\_ Yes**

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JUN 06 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Michael S. Lebby; Samuel Ho )  
Serial No.: 10/769,967 ) Ex: Healy  
Filed: 02 February 2004 ) Art Unit: 2883  
For: SELF EJECT LATCH MECHANISM )  
FOR AN OPTICAL TRANSCIVER )  
MODULE )

CERTIFICATION OF FACSIMILE TRANSMISSION

Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

Fax: 703-872-9306

Dear Sirs:

I hereby certify that this correspondence, consisting of Amendment Transmittal Form; Response, Amendment, and Request for Reconsideration; and copy of Information Disclosure Statement are transmitted to the Patent and Trademark Office (Fax. No. 703-872-9306) on the date shown below.

Lna Smitham  
Signature

06 June 2005

CN 29370

4000 North Central  
Suite 1220  
Phoenix, Arizona 85012  
(602) 252-7494

June 6, 2005  
Date

Respectfully Submitted,

Robert A. Parsons  
Robert A. Parsons  
Attorney for Applicant  
Reg. No. 32,713

Case Docket No. 4189-PA31

Applicant: Michael S. Lebby; Samuel Ho )  
 Serial No.: 10/769,967 ) Ex: Healy  
 Filed: 02 February 2004 ) Art Unit: 2883  
 For: SELF EJECT LATCH MECHANISM )  
 FOR AN OPTICAL TRANSCEIVER )  
 MODULE )

Commissioner of Patents  
 PO Box 1450  
 Alexandria VA 22313-1450  
 MAIL STOP Non-Fee Amendment

Sir:

Transmitted herewith is an amendment in the above identified application.

\_\_\_ Small entity status of this application has been established.

\_\_\_ Design Application, no additional fee required.

X Utility application, fee calculated on table below.

The fee has been calculated as shown below:

	Claims Remaining After Amendment	Highest No Previously Paid For	Present Extra	Small Entity	Large Entity
TOTAL	7 -	20	0	X 9 = \$	or X 18 = \$0
INDEP	4 -	4	0	X 43 = \$	or X 86 = \$0
MULTIPLE DEPEND CLAIM PRESENTED				X145 = \$	or X290 = \$0
				TOTAL	or TOTAL \$0

\_\_\_ Please charge the Deposit Account No. \_\_\_\_\_ in the amount of \$\_\_\_\_\_.

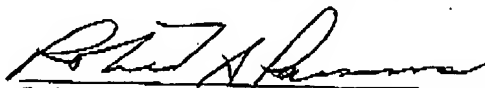
\_\_\_ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. \_\_\_\_\_.

\_\_\_ A duplicate copy of this transmittal sheet is enclosed.

\_\_\_ A check in the amount of \$ \_\_\_\_\_ is attached.

Respectfully submitted,

5/6/05  
 DATE

  
 Robert A. Parsons, Reg. No. 32,713  
 CN 29370